

5154 State University Drive Los Angeles, CA 90032 Administrative Office U-SU Room 306

Full-Time Staff Application for Employment

The University-Student Union is an Affirmative Action/Equal Opportunity Employer; applicants will be considered without regard to their race, color, religion, marital status, national origin, sex, age, pregnancy, sexual orientation, disability, or other status protected by state or federal regulation within the limits imposed by law.

Please complete the entire application form, taking care to provide all information requested including employment dates and a summary of duties performed for each job listed. A resume may be attached, but will be considered as supplemental only, and not as a replacement for information requested on the application. Failure to provide sufficient information, which shows evidence of meeting minimum qualifications, will result in disqualification or nonconsideration.

General Information (Please type or print	t)
Date:	Position Applying For:
Name: Last, First, Middle	Telephone (Include Area Code):
	()
Address: Number, Street, Apartment/Space Number	Cell Phone (Include Area Code):
	()
City, State Zip Code	Email Address:
May we contact you at work? Yes □ No □	Are you or have you ever been an employee of the University-Student Union at Cal State LA?
Are you currently enrolled as a student at Cal State LA? Yes $\hfill \square$	Yes □ No □ If so, when?
Do you have any relatives who are employed by the University	ersity-Student Union at Cal State LA?
Yes □ No □ Name:	Relationship:
Are you able to perform the essential functions of the job for no, describe the functions that cannot be performed:	which you are applying, either with or without reasonable accommodations? Yes No If
Have you been dismissed from employment? If yes, please	e explain:

Employment

Resumes may be included but this employment portion of the application must be filled in completely.

List your entire work record. Begin with your present job and list in reverse order. Include self-employment in excess of one month as a separate period. List each promotion as a separate job. Please account for all work history. Attach additional sheets as necessary. You may list any military or volunteer experience in the employment section below.

MAY WE CONTACT	YOUR PRESENT EMPLOYER? Yes □	No □ Later □
Dates of Employment From: Mo. Yr.	Name of Employer or Company	Telephone Number
To: Mo. Yr.	Address, City, State, Zip Code	Email Address
Hrs/Wk:	Supervisor's Name and Job Title	Your Job Title
	Describe your Duties:	
Dates of Employment From:	Name of Employer or Company	Telephone Number
Mo. Yr. To: Mo. Yr.	Address, City, State, Zip Code	Email Address
LIOMI	Supervisor's Name and Job Title	Your Job Title
Hrs/Wk:	Describe your Duties:	
Dates of Employment From:	Name of Employer or Company	Telephone Number
Mo. Yr. To: Mo. Yr.	Address, City, State, Zip Code	Email Address
	Supervisor's Name and Job Title	Your Job Title
Hrs/Wk:	Describe your Duties:	
Dates of Employment From:	Name of Employer or Company	Telephone Number
Mo. Yr. To: Mo. Yr.	Address, City, State, Zip Code	Email Address
	Supervisor's Name and Job Title	Your Job Title
Hrs/Wk:	Describe your Duties:	

Education				
Name and Address of High School Attended	ol Attended Major course of study			Did you graduate? Yes□ No□
College or University Education	n			
Name and Address of Institution		Major	# Years Completed	Certificate/Diploma/D egree
Additional Qualifications			l)	
Additional Qualifications Please identify any skill, knowledge or ability relate	ed to this position which wo	ıld assist in the eval	lation of your applica	tion
Trease raction y arry skill, knowledge of ability relati	ed to this position which wot	aid doorse in the evalu	dation of your applica	uon.
List appropriate courses for this position and any o	other education, courses, cer	tificates, licenses, se	eminars, publications,	etc. not listed above:
List all your computer and software experience:				

References		
List a minimum of THREE people, not rela	ated to you, who can attest to your professional abilit	ties and expertise.
Name	Occupation/Title	Telephone Number
Address, City, State, Zip		Email Address
Name	Occupation/Title	Telephone Number
Address, City, State, Zip		Email Address
Name	Occupation/Title	Telephone Number
Address, City, State, Zip		Email Address
Name	Occupation/Title	Telephone Number
Address, City, State, Zip		Email Address
_		employers obtain documentation from every new ent in this country. This requirement applies to both
Can you provide the necessary d	ocumentation at the start of employment	t? Yes □ No □
I hereby certify that the information of agree to have any of the statements individuals and/or organizations, entire information concerning my previous of pertinent information that they may be result from furnishing such information. University-Student Union or any of its	checked by the University-Student Union unles ties or agencies described in this application to employment (including, but not limited to, achi- nave. Further, I release all parties and persons on to the University-Student Union as well as fr agents, employees, or representatives. I under	ith the Information Practices Act of 1977. Delete and correct to the best of my knowledge and as I have indicated to the contrary. I authorize the release to the University-Student Union any and all ievement, performance, attendance, etc.) and any from any and all liability for any damages that may rom the use of disclosure of such information by the erstand that any misrepresentation, falsification, or ive an offer or, if I am hired, may be considered
Applicant's Signature		